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## ORIGINAL DEPARTMENT.

### Communications.

#### ON THE DOSE OF QUINIA TO BE GIVEN IN INTERMITTING AND REMITTING FEVERS.

By E. A. OPPELT, M. D.,

Of Trenton, Tuscawawas County, Ohio.

According to WOOD & BACHE'S Dispensatory, and other works in my possession, we would be led to give to a child of two years old, for intermitting or remitting fever, about three grs. of quinia, divided into three or four portions, during the intermission or remission. Now if the child has a severe attack, and if it live in a malarious district, it will get worse every day, notwithstanding we give three grs. of quinia a day, for two or three days. But if we give from seven to nine grs. we will be very likely to break up the disease during the first intermission or remission. In some cases the intermission or remission is so short that we can only get one or two portions down our patients before the paroxysm returns. In such cases we will not get along so rapidly, as we then have to wait till we get another remission or intermission, to get the necessary amount taken. I usually give to an adult twenty grs., divided into four equal portions, during the first interval, giving them three or four hours apart.

To a patient aged fifteen to sixteen years I give fifteen to sixteen grs.; to a patient from twelve to fifteen, I give fourteen to fifteen grs.; to one from eight to twelve, I give from ten to fourteen grs.; and from two to eight, I give from seven to twelve grs.; and to one from six months to two years, I give from five to eight grs. during the remission or intermission.

I have three works on diseases of infants and children, but neither of them says anything of intermitting or bilious remitting fever, which I think is a sad deficiency. How is a young practitioner to know what is the proper dose of quinia to be given to infants but by experimenting? No practitioner of experience in the Tuscawawas Valley gives smaller doses than the above-mentioned.

A few days ago I was called to a case, a little girl two years old, who had ague three days in succession; her mother gave her quinia every day, but only about two or three grains a day. When I saw her she had convulsions. I immediately gave about six grs. of calomel, with five drops of *tr. veratrum viride*, as she had high fever. The convulsions ceased in about an hour, and the little patient broke out into profuse perspiration. In two or three hours a dose of castor oil was given, which operated in time to give about eight grs. of quinia, which prevented another paroxysm, and the little patient was sitting up the next day playing.

A girl, aged six years, "took high fever" on the night of the 26th inst.; fever continued all night, increased next day, (the 27th); at three o'clock she took convulsions, when I was sent for in great haste. On my arrival, I found her in a burning fever, pulse frequent and hard, tongue coated and yellow. Gave her six drops of *tr. veratrum viride*, and eight grs. of calomel, followed with oil and ten drops of oil of turpentine in two hours; it operated in two or three hours; after which I gave ten grains of quinia, divided into four equal portions, the fever having subsided.

28th, 3 o'clock, P. M., had some fever. Gave ipecac. and calomel in small doses, to be followed with oil, after taking three portions two hours apart. After the oil operates, to take two portions of quinia, each about three grs. On the 29th, 9 o'clock, A. M., has no fever. Wants something to eat.

To one who has studied medicine in a malarious district, the above, of course, will not be very interesting, as about the first thing that he had to do was to weigh out quinia, and consequently he learned what doses to give. But to one who has studied medicine in parts where ague is unknown, and who wants or expects to emigrate to a miasmatic district, it will certainly be interesting.

Since writing the above I was called to see a little girl, fourteen months old, having had fever every other day for a week. At four o'clock, of 29th inst., I first saw her. She had a hot fever, frequent bloody stools, with considerable strain-

ing during the evacuations. Tongue coated, brownish-yellow. Had eaten freely of ripe pears a few hours since. I gave her some four grains of calomel, to be followed in two hours by oil, which operated freely; fever subsided; left her about seven grs. of quinia, divided into four equal portions, to be given three hours apart, each containing small portions of morphia, which had the effect of lessening the frequency of the bloody stools; but before the fourth powder of quinia was given, the patient had a chill, which was followed by high fever, lasting till nine o'clock the next evening. During the fever, gave three drops of *tr. veratrum viride*, with Dover's powder, every three hours. After the fever had sufficiently subsided, left two more powders of quinia, containing two grs. each, which were given last night. This morning (July 31st) has had two bilious stools without any blood, and has no fever. I selected these cases, because it is in such cases that large doses would do injury, if at all.

#### IS THERE ALBUMINURIA IN EPILEPSY?

Consequencés in regard to its diagnosis with Eclampsia.

(Translated from the Inaugural Thesis of M. Salliy.)

By ROSS R. BUNTING, M.D.,

Of Philadelphia.

(Continued from page 88.)

#### Researches on the Urine of Epileptic Patients.

Some account of the manner in which I made these experiments is necessary to the reader. M. MORREAU (de Tours) kindly placed at my disposition the patients in his wards at the Salpêtrière hospital. I chose by chance 30 of these. These patients affected with epilepsy, presented frequent attacks; some four or five every day; others from three to six every two or three days; or from eight to ten every eight days; and others an unlimited number during a week every month. The average age of these patients was 25 years; they had resided at the hospital from one to thirteen years, so that there could be no doubt in regard to the diagnosis. For more than two months the urine of each was examined with the greatest care during and after each paroxysm, and in the interval of the attacks. During the paroxysm, if the women were lying down, I had a basin placed under them to receive the urine; which, as I have said, is voided almost always involuntarily; and if they were seized with a paroxysm away from the bed, a small portion of the urine was obtained in a test tube. I did not generally make use of the catheter; I only made use of it when I found any albumen. Cauteriza-

tion, however, is important; when albumen exists in the urine its employment is indispensable, in order to avoid certain errors: in fact the albumen may proceed from the blood of the menses, (many epileptic patients having their attacks during the menstrual period,) or from the leucorrhœal flux which often precedes the apparition of the menses, or from uterine mucus. Epileptic women are frequently affected with chronic leucorrhœa, owing probably to the sad habit of masturbation.

I treated the urine with 1° nitric acid; 2° heat: ebullition being always maintained during a certain time, 3° by heat and nitric acid together. When ebullition occurs in the urine, it sometimes happens that a white precipitate takes place, very similar to that of albumen. This might lead us to believe in the existence of this latter, when it would only be a deposit of phosphates. In which case a few drops of nitric acid would render the urine limpid; on the other hand, the presence of free phosphoric acid or alkaline salts, preventing the precipitation of albumen by heat; a few drops of the same acid causes it to become manifest. I have always noted the acidity or alkalinity of the urine, the color, and degree of clearness.

#### RESULTS OF EXPERIMENTS.

Of 126 observations on the urine of my 30 patients mentioned above, I have constantly found a marked acidity; I have not noticed in a single case the least degree of alkalinity. The color varied, like healthy urine, from yellow to orange; the coloration—or rather the want of it—of nervous urine, was noticed but rarely. The urine was generally limpid, except during the menstrual period; there was then rather a notable quantity of urates, with the exception also of some cases where there may have been some febrile disease. If some authors have constantly found the urine troubled during the paroxysms, and limpid immediately afterward, it was probably owing to the fact of its being mixed with uterine mucus or leucorrhœal flux, for each time that the catheter was employed the limpidity was never wanting, at whatever moment the experiment was made. It is a matter of observation that during the paroxysm a catarrhal discharge from the uterus takes place, the same as the other involuntary evacuations. I have always found a considerable quantity of urine in the bladder at the commencement of the paroxysm.

The woman L— had several attacks, the water being drawn off soon after they commenced; and at one time several quarts of urine were obtained. This is an important fact worth

noticing, for as M. BLOR remarks, at the commencement of an eclamptic attack there is very little urine in the bladder. All the epileptic patients we examined urinated involuntarily during the paroxysm, with the exception of the woman L—. Five times I examined the urine of this patient just before the paroxysm commenced; it was of a dark-yellow color, acid, no trace of albumen. Here is the division of the 126 observations collected:

5, immediately before the attack; no albumen.

26, during the attack; 23 negative results; twice a small quantity of albumen; but there was here one cause of error; one of the patients was menstruating at the time, the other had leucorrhœa. I obtained some urine by the catheter several times, and in the same conditions, each time with a negative result.

4, immediately after the paroxysm; negative results.

5, 15 minutes after the attack; negative results.

7, 30 " " " " " "

7, 1 hour " " " " " "

14, 2 hours " " " " " "

17, 3 hours after, of these, 15 negative results; twice albumen in the urine of the two patients mentioned above. The urine obtained by the catheter in the same conditions, has never manifested any traces of albumen.

6 cases, 4 hours after the attack, negative results.

8 " 6 " " " " " " "

27, during the interval of the paroxysms, 26 negative results, once albumen. The patient had uterine catarrh.

Thus never have we found albumen in the urine of epileptic women, unless the urine was mixed with different discharges from the genital organs. I noticed that very rarely after the urine became cool was there any deposit of urates, and that in about one-fourth of the cases I found phosphatic deposits.

Nitric acid in the heated urine has generally given a coloration, varying from a pale red to a deep red. In every case, excepting where there were phosphates, the coloration by nitric acid and heat, was generally accompanied by effervescence.

"Albuminuria," says SEYFERT, "exists in very great quantity in the urine of epileptic patients immediately after the paroxysm, but not constantly nor in every case of this disease; provided there may not exist BRIGHT'S disease, this albuminuria which we observe in epilepsy disappears immediately after the convulsions have taken place, and does not reappear until after the next attack." Being determined to verify these

conclusions, I took the urine during the paroxysm, then I waited until the next emission. It was evident that if there were any albumen in the urine immediately after the attack, this albumen in the bladder could not be reabsorbed, and that I ought to find it as soon as the patient would make water. I collected 15 observations during the attack, 15 negative results. Of these 15 cases, the first emission took place:

Once, fifteen minutes after the attack.

Six times, thirty minutes after the attack.

Twice, an hour after the attack.

Once, an hour and a half after the attack.

Once, two hours after the attack.

Once, two hours and a half after the attack.

Three times, three hours after the attack, and never the slightest trace of albumen.

I do not wish to discuss the cause of the albuminuria of eclamptic women, whether it is due to an active or passive congestion of the kidneys, to an irritation of the cerebro-spinal axis, or to a simple functional derangement.

"In eclampsia," according to M. SEYFERT, "albuminuria is occasioned by the interruption of the respiratory and circulatory functions, in consequence of the attack." If this were the case, albumen ought to be found in the urine of epileptic patients; in these cases there is also an interruption of the respiratory and circulatory functions; there are also very important congestive phenomena; the veins of the neck become swollen, respiration is suspended, pulse small and feeble, the urine however contains no albumen. It is evident that according to this theory M. SEYFERT ought to have found albumen in the urine of epileptic patients. Besides, this theory is not sustainable, since generally albuminuria exists previously to eclamptic attacks, and it is particularly during these last that albumen is most abundant.

M. MOREAU, (de Tours,) having made some researches on the epileptic patients at Bicêtre, has declared to me that he had always obtained negative results.

Shall we be able to conclude from the preceding description, that albuminuria is a sign of eclampsia? May not a woman, attacked with epilepsy during pregnancy, have albumen in her urine, since in 205 pregnant women we find 41 having albumen in their urine. We have never been able to observe a case of epilepsy during pregnancy, but M. BLOR has related to me four cases he saw at Hôpital des Cliniques; four women presented epileptic attacks from the eighth to the ninth months of pregnancy; there was no error possible in these cases, their previous histo-



ries being known. They had been affected with epilepsy for a long period, and their urine did not contain any albumen.

#### RÉSUMÉ.

In order to diagnosticate eclampsia, it will be sufficient to know that the woman is pregnant, that she had never had convulsions previously, that the urine is albuminous. From this we may conclude,

1st. In eclampsia, no convulsions previous to the attack; in epilepsy they always exist.

2d. In eclampsia, no involuntary evacuations; in epilepsy, always involuntary evacuations.

3d. At the time of the eclamptic paroxysm there is very little urine in the bladder, in some cases almost anuria; in epilepsy, the urine presents all the characteristics of healthy urine, whatever moment they are seized with the attack.

4th. The urine of every eclamptic woman is found to contain albumen; the albumen is more abundant during the paroxysm than at any other time.

Never do we find albumen in the urine of epileptic women, before, during, or after the attack, unless BRIGHT'S disease should exist.

#### ON DISEASES OF THE INTERNAL EAR.\*

By LAURENCE TURNBULL, M.D.,

Aural Surgeon to Howard Hospital, Philadelphia.

(Continued from page 90.)

##### Nervous Hardness of Hearing.

The results of this congestion of the nervous tunic are of various kinds, sometimes it disappears spontaneously, and this has led the public into the error of believing that hardness of hearing and humming in the ear should be left to themselves. In recent cases, we can almost always by proper treatment remove the morbid condition and its products, but the contrary is the case with those of long duration. In most cases, owing to neglect, the congestion leads to chronic changes of structure and exudations, to thickening or thinning of the tunic, and hence to incurable, material nervous hardness of hearing; and, at last, the fine nervous filaments of the auditory nerve are themselves involved, and fatty metamorphosis takes place. Finally, here belong all those cases of hardness of hearing which have happened to be relieved by the use of Russian vapor baths, local fomentation, or Baunscheidiam, galvanic chains, etc., under favorable constitutional conditions, and thus led to the use of such universal means.

\* From Erhard.—*Rationelle Otisatrik nach klinischen Beobachtungen bearbeitet*. Erlangen, 1830.

#### Treatment.

The careful rational treatment of these congestions, especially of those which involve both sides, is quite satisfactory. My plan in recent cases is the following:

The patient must, *nolens volens*, in spite of the most perfect condition of general health, keep to his room at least, and if possible, even remain in bed, in order to guard effectually against a further taking cold. This is often sufficient, with a promotion of the perspiration, to remove the congestion, and I have seen cases of individuals who had congestion in both ears, and who were confined to bed at the same time by other diseases, recover from the ear affection without its receiving any special treatment. If the patient is plethoric, the application of leeches is called for, but if not, it is better to make counter-irritation by the application of a blister. At the same time the cutaneous transpiration must be promoted from 7 to 9 in the morning, and the bowels freely evacuated in the evening. Eight days under this treatment will generally be sufficient to relieve the patient of the humming. During this time the patient must keep the ear stuffed with cotton, and must continue it afterward, until the normal secretion of cerumen returns. If the congestion be very considerable, simultaneously following smaller hemorrhages, it is advisable to commence with an emetic, and then proceed with the above mentioned treatment. It is natural that after a considerable time, in cases which are not recent, to examine the state of the constitution, and I have seen very good results in one case from a visit to the Kreusebrunn springs of Marienbad, in another from iodide of iron. "Only the organ of hearing always remains a therapeutic '*noli me tangere*,' and the treatment is always to be conducted on the general indications."

In very inveterate cases I have considered a diaphoretic treatment to be the most judicious. A few examples will make what has been said more clear.

#### EXAMPLES.

1. *Rheumatic congestion*. Miss G. consulted me on June 19th, 1857, for an unbearable humming in the right ear. Bony conduction was wanting on the right side, but present on the left, as was likewise the case with the cerumen, everything else being normal, so that it was a case of one-sided hyperæmia rheumatica. She was ordered to use counter-irritation four weeks to the right side of the nape of the neck, to protect the ear with cotton, and to avoid carefully all exposure to cold. After a lapse of four weeks, the ceru-

men and the bony conduction returned entirely, the humming had disappeared, and the normal power of hearing was recovered.

2. *Catarrhal hyperæmia.* Mr. G. complained on April 3d, 1856, of a loss of hearing in both ears, and a continual humming, both of which he had suffered for about fourteen days, and both of which followed a violent cold in the head. The diagnosis was a two sided congestion. The patient was ordered to keep to his bed, to take in the morning a diaphoretic of infusion fl. sambuci with liquor ammoniæ acetat., at the close of the day muriate of ammoniæ with infusion of senna, and to stop up the ear, and to continue this treatment for eight days, when the congestion was removed.

3. *Complicated catarrhal hyperæmia.* A lady of sixty years of age sent for me on March 21st, 1856, who, ever since the use of the Graffenberg ear, in the year 1834, had gradually become hard of hearing, and suffered from continual humming, more on the right side than the left; she was therefore affected with a chronic inflammation of the nervous tunic. She had caught a severe cold several days before, and had suddenly become affected the day previous with hardness of hearing on both sides, and violent humming. If her organ of hearing had been previously sound, I would have diagnosed a hemorrhage, but as it was, I diagnosed an acute congestion superadded to the chronic malady. As the grade of the affection was very violent, I ordered an emetic, which immediately caused a wonderful improvement. I then made use of muriate of ammonia with comp. inf. of senna, and in the space of five days the patient could hear not only as well as before the attack, but even better.

4. *Abdominal rheumatic hyperæmia.* A robust, plethoric, landed proprietor of Marienbad, consulted me on April 29th, 1857, who had been deaf for many years in the right ear, and who had experienced for four weeks, as the result of catching cold, a loss of hearing in the left ear, with continual humming. The case, on the 29th of April, was one of congestion of the nervous tunic. I at first adopted the old method of treatment by leeches and diaphoretic drinks, but as these proved unavailing, probably owing to the case not being a recent one, I tried the constitutional effects of the mineral waters of Marienbad, and ordered him, on his return thence, to keep up counter-irritation for a considerable time. Under this treatment he finally regained his normal power of hearing, and was relieved of the humming.

5. *Rheumatic congestion.* A young anæmic

brother of the last mentioned case was attacked with the same malady on May 15th, 1857.

As this was a recent case, I ordered leeches to be applied, and enjoined on him the utmost precautions against taking cold, and to stop up his ears, but the young man neglected my orders and caught a fresh cold on May 18th, so that the malady returned. On May 20th, then, the case was in as bad a condition as on the 15th, and although another application of leeches was made, no benefit seemed to be derived from them; I therefore sent the patient into the country, and prescribed the syrup of the iodide of iron. He came to town every week to consult me, and after four weeks' use of the remedy, was cured.

I could cite a multitude of similar cases occurring in my practice, but I hope my principles of treatment are sufficiently illustrated in the above-mentioned cases; they consist in a "rational, general, and local treatment, according to the analogy with the same forms of disease in other organs, and with a special regard to the individual peculiarities."

According to these principles, we should not be too hasty in giving up hope, and the remedial powers of nature, when properly assisted, have often caused me to be ashamed of an unfavorable prognosis.

A wide field is here opened to therapeutics, especially when we reflect that it is concerning a malady which has been hitherto unstudied.

In these very inveterate chronic cases in which structural changes of the nervous tunic of the labyrinth have taken place, nothing can be expected from constitutional treatment. A further increase of the malady may, however, be prevented by frictions over the entire temporal region with ointment of the iodide of potassium, (iodide of potassium one part, lard three parts,) whilst leeches and counter-irritation could never accomplish this. I obtained similar results when active congestion was also present, by the use of the ointment of digitalis. A rational application of electricity is worthy of trial, but I must at present refrain from expressing any opinion concerning it.

#### c. *Inflammations of the periosteum.*

The characteristic symptom of inflammation of the periosteum in the labyrinth is sudden occurrence of loss of hearing attended with violent pain, but accompanied with perfect integrity of the organ of hearing and absence of all cerebral symptoms.

The pain is generally so severe, that it prevents the humming being perceived in the commencement, and the latter begins to annoy the patient

only when the pain ceases and exudation has occurred.

I believe that the sero-fibrous covering of the labyrinth which is continued into the cochlea and over the lamina spiralis, is the seat of this inflammation, and that its results are qualitative and quantitative alterations in the fluid of the labyrinth, whilst the results of congestion consist rather in thickenings and atrophies of the nervous tunic.

I have already stated, when treating of inflammations of the external meatus and tympanum, that they sometimes extend to the labyrinth, producing diminished bony conduction and power of hearing.

The majority of those cases of total hardness of hearing on one side, in which chronic catarrh of the tympanum with perforation of the membrana tympani simultaneously exist, and in which severe pain existed in the commencement, before the appearance of these symptoms, belong to this category, for the patients were attacked simultaneously with an acute inflammation of the membrana tympani and of the lining membrane of the labyrinth, the former of which resulted in suppuration, the latter in qualitative or quantitative changes in the labyrinth fluid.

The treatment of the acute form resembles that already laid down for inflammation in the anterior ear cavities; it must be strongly antiphlogistic, in order to effect reabsorption. If we fail in this, all future treatment is useless, for I have never been able to effect any relief, although I have tried all manner of remedies, and I may assert that no one in whose case I have made this diagnosis, has to my knowledge subsequently improved either spontaneously or under treatment.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
May 24th, 1865.

SURGICAL CLINIC BY PROF. GROSS.

Reported by William T. Bullock, M. D., of Rhode Island.

### Pterygium.

May 24th. Timothy W., sixty years of age, has a pterygium of the left eye, of six months duration. As the name implies, it is a wing-shaped growth, of a triangular form, situated at the inner side of the eye, its base being at the canthus, while the apex covers a portion of the cornea, thus impeding vision. This growth is a hypertrophous condition of the vessels of the conjunctiva and subconjunctival fascia.

The proper treatment consists in excising the growth, by seizing it with a pair of toothed forceps, and dissecting it from its connections by means of a scalpel, being careful to do the work thoroughly, as there is a strong tendency to repululation. For the same reason, the parts should be touched with a piece of sulphate of copper every third or fourth day, until all danger of return has passed.

### Cystorrhoea.

Henry P., sixty-five years of age, received a violent fall above six months ago, since which he has been suffering from an affection of the bladder. There is a discharge of mucus and pus from the bladder, and he is troubled with a frequent desire to urinate, especially at night, being obliged to rise from his bed several times for this purpose. He has some difficulty in starting the stream of urine, straining violently, and stooping forward during micturition. Has had an occasional discharge of blood. His urine deposits a sediment upon standing, and becomes rapidly offensive. He suffers from pain in the pubic region. No stone can be detected by sounding the bladder, but upon passing the finger into the rectum the prostate gland is found to be elongated. The case is one of cystorrhoea, with hypertrophy of the prostate gland, the latter affection being of very frequent occurrence after the age of fifty. This patient must live upon a mild, nutritious diet, and avoid stimulants of every kind. Internally he may use the following prescription:

R Uva ursi,	3j.
Morphiae sulph.,	gr. ss.
Sodæ bicarbonatis,	ʒiij.
Aquæ bul.,	Oij. M.

Take one-fourth of a tumblerful four times a day. Also, an injection, consisting of a teaspoonful of laudanum in one ounce and a half of tepid water.

### Foreign Body in the Air Passages.

May 27. Charles A., thirty-three years of age. This man while eating a piece of eel was so unfortunate as to allow a piece of bone to pass into his windpipe. He was at once seized with a violent fit of coughing, which ceased after a few moments, but returned after the expiration of half an hour, and has occurred at short intervals ever since, the cough being attended by copious expectoration.

When first seen, which was about ten days after the accident, his voice was thick and husky. Since that time he has been treated by the antimonial and saline mixture. His voice is now clear, though weak, but he suffers from pain in the left side of the thorax.



Upon percussing, the resonance is found to be natural, but auscultation shows the existence of dry rhonchus on the left side, both anteriorly and posteriorly.

The patient has lost flesh, and is much debilitated. His tongue is coated, and he is troubled with great thirst. While a foreign body remains in the air passages, the patient is not safe from suffocation, produced either by spasm of the glottis, or by mechanical obstruction of the air tube from the foreign body being forced up into the larynx.

A body of this kind also excites inflammation in the parts by its presence. For these reasons the proper treatment consists in making a free opening into the trachea, in the hope that the foreign body will be expelled through the orifice thus made. Even if the substance does not escape from the wound, the patient will be freed from danger of suffocation.

The patient being placed upon a table, with his head well thrown back, the operation of tracheotomy is performed in the usual manner, no anæsthetic being administered. The operation is rendered difficult in this case by the large size of the thyroid gland, the presence of the middle thyroid artery, and the almost osseous hardness of the rings of the trachea. Several vessels were cut during the operation and secured by ligatures.

Three rings of the trachea were divided, and a violent fit of coughing ensued immediately, during which both mucus and pus were expelled from the orifice, but the foreign body remained in the air passages at some unknown point. The patient was placed in bed, the wound being kept open by hooks, and the thyroid gland prevented from overlapping the opening by means of a ligature passed through it and tied behind the ears.

June 21st. The morning after the operation, the parts around the opening were tumified, and angry in appearance. Suppuration followed in a few days, and the portion of the trachea in sight was coated with a plastic lymph. Light poultices were applied, and the patient put upon a supporting treatment.

The wound gradually assumed a more healthy appearance, and on last Wednesday, just three weeks after the operation, the foreign body escaped from the opening during a paroxysm of coughing. The cause of all this man's trouble is a very insignificant looking piece of bone, hardly larger than a millet seed. At the time of its introduction, however, it may have been of larger size from the flesh attached to it. The patient is now relieved of his spasmodic cough, and is improving in strength and appearance, while

the wound in the trachea is healing nicely by granulation, but not entirely closed as yet, for a small probe may still be passed into the wind-pipe.

June 28th. The patient is restored to good health, and is able to return to his usual occupation.

#### Primary Syphilis.

May 31. t. John W., thirty years of age. This man had impure connection, twelve days ago, and again upon the ninth day from the first act. On the day following the last act, he observed an ulcer upon his penis, at the left side of the frenum. The patient also has paraphymosis, and the under surface of the prepuce is œdematous. It would not be good treatment to relieve the paraphymosis until the chancre is healed, as the ulcer would be covered by the prepuce, making a concealed sore. The penis should be washed frequently with common table salt and water, and the following ointment applied to the ulcer twice a day.

R. Ungt. hydrarg. nit., 3ss.  
Ungt. aquæ rosæ, 3ij. M.

R. Pil. hydrarg.,  
Pulv. ipecac.,  
Ext. col. comp., ʒā gr.v.

Divide into three pills.

#### Talipes Equinus.

Elizabeth H., thirteen years of age. The heel is retracted so that the patient is obliged to walk upon the ball of the toes. The limb is smaller than its fellow, the gastrocnemius and soleus muscles being in an atrophied condition. The child has been affected in this way since the period of dentition, at which time she suffered from an attack of infantile paralysis, but the deformity has become more marked within the past twenty months.

The tendo-Achillis is divided by the tenotome, and the foot brought down to its natural position.

#### Fatty Tumor.

Francis R., thirty-six years of age, has a tumor about the size of a man's fist, situated in the scapular region, immediately beneath the skin. The man received a violent blow at this point three years since, and first observed the tumor about three months after the injury.

The tumor is movable, and has a doughy feel. There is no discoloration of the integument over the growth, no enlargement of the subcutaneous veins, and the patient has not suffered from pain in the parts. These symptoms, together with the fact that the tumor has existed for three years, prove that the growth is not of a malignant nature, while its situation and doughy feel indicate that it is a fatty tumor.

The tumor was removed by making an oblique incision through the skin, and then separating it from its connections by the fingers and handle of the scalpel. One vessel was ligated, and the wound closed by the interrupted suture and adhesive strips.

#### Gunshot Wound of the Hand.

J. W., thirty-two years of age, was wounded in the right hand by the premature explosion of a gun eight months since. The hand is distorted by the vicious contraction of the cicatrix, the thumb being bent over toward the ulnar side, and the fingers permanently flexed. By making an incision through the cicatrix, between the metacarpal bones of the thumb and the index finger, the thumb is restored to a more natural position.

The parts should be kept separated by means of oiled lint placed in the wound until healing takes place by granulation.

#### Gelatinoid Polyps of the Nose.

Bridget K., twenty-one years of age. The growths are easily seen upon looking into the nose. There is a slight discharge from the nostril. The woman sleeps with her head thrown back, snoring lustily, and perspires profusely while sleeping. The tumors increase in size during damp weather, becoming so large as to obstruct respiration through the nose. She suffers from pain on the left side of the head. The father of this patient was troubled by similar growths. The polyp forceps is introduced, and the polyps to the number of six are removed from the nose. It is seldom that much hemorrhage follows this operation.

#### Hypertrophy of the Tonsils.

J. S., four years of age. The diseased glands are removed with a probe-pointed bistoury, the projecting portion of the gland being seized and steadied by a volcella, while the knife is carried with a sawing motion from below upward.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Ulcers.

An explanation is frequently asked for the peculiar tendency of ulcers to fasten themselves in the leg. During a lecture by Dr. HUMPHRIES, (*Lancet*) the following one was given, and at the same time the best mode of overcoming the tendency.

Every part of the human body has its own peculiar weakness, rendering it liable to certain diseases—as the female breast, to cancer; the

aorta, to aneurism, etc., etc. The tissue of any part is weak, if it is unequal to its ordinary requirements. Now that is peculiarly the case with the leg. It has to bear upon a given area a greater weight than has any other part of the body, being small to facilitate movements and to give space for the swing of the opposite foot; and where it is smallest, just above the ankle, it is most liable to ulcers. Its skin is fine, not very liberally supplied with blood, lying to a considerable extent upon bone or fascia, and separated from them only by a comparatively thin layer of areolar and adipose tissue. Its subcutaneous veins take a larger and more vertical course than any others, and have, consequently to bear the weight of a higher column of blood, while they are imperfectly supported by fat or other tissue. These circumstances render the leg peculiarly liable to fracture, to varix, and to chronic inflammation of the skin; and these are the causes of its liability to ulceration. A slight blow on the shin destroys a small piece of the skin, which is neglected or treated with irritants until an ulcer results, instead of soothing the parts by assuaging or simple protective dressings.

Surgeons are willing enough to treat a case when they can secure the patient in a recumbent posture, but are unwilling to undertake a case while the patient walks about pursuing his avocation. In these instances more can be done by judicious bandaging, etc., etc. than one would suppose, and we make it a rule always to attempt to relieve them.

The tendency of neglected sores differs in a remarkable degree; some kindly heal, some enlarge up to a certain size, remaining stationary for years with a serous or sanious discharge, while others spread over a large surface, deepen with time even into the substance of the bone. Although so frequently the seat of simple ulcers, the leg enjoys an immunity from ulcers of other kinds. But sometimes the student finds a difficulty in distinguishing simple from cachectic or syphilitic ulcerations. Here it is well to remember that the two chief features of syphilitic ulceration are—first, the tendency to commence at several points in otherwise healthy skin, the ulcers so formed extending into one another, and causing an irregularly-shaped sinous sore; and secondly, the tendency to spread superficially, and to spread at one part while healing at another, leading to the more or less ring-shaped or crescentic sores.

On the other hand, "a cachectic sore" is preceded by a circumscribed deposit, beneath the skin, in the areolar tissue, of firm whitish lymph, forming a hardish lump there. This softens, and is disclosed as a greyish mass or slough by the skin ulcerating over it. The ulcer spreads either by the extension of the deposit beneath the surrounding skin undermining and causing its further destruction, or by the formation of separate deposits around, which lead to fresh ulcers; and these breaking into one another cause unhealthy-looking sores, with jagged, overhanging edges and bridges of skin. They occur in persons who are out of health, or of indifferent constitution, though presenting no definite ailment, and often



considering themselves hearty and well. Sometimes we cannot discriminate between them, when the effects of iodide of potassium will satisfy the surgeon.

Upon the leg the difficulties of diagnosis are especially great, because the natural tendencies of a constitutional disease are liable to be modified by the local qualities of the part; so that there is here, not only the difficulty of distinguishing one form of constitutional disease from another, but, in addition, that of distinguishing a constitutional sore from a simply local sore.

#### On the Pathology of Secondary or Metastatic Abscesses.

At a late meeting of the Pathological Society of Philadelphia, (*Amer. Journal Med. Science*.) Dr. JOHN ASHURST read a paper on the above subject. After presenting the prevailing theories in reference to its origin and progress, he concludes by saying:

To sum up, then, abscesses, in one sense secondary, may be produced through absorption by the lymphatic system; but the suppuration thus caused could never extend beyond the first lymphatic gland, which would form an insuperable barrier to the further passage of pus. Pyæmia is a most unfortunate misnomer; for in no sense is the blood the actual means of purulent transfer, though through the medium of the vascular system, by the processes of thrombosis and embolia, secondary or metastatic abscesses are indeed produced. Some cases, again, of symmetrical suppuration are best accounted for by the action of the nervous system, according to well-known physiological and pathological laws.

The phenomenon of shivering, which so frequently accompanies the process of secondary or metastatic suppuration, may, I think, be plausibly attributed to the influence on the nervous system of the sudden cutting off of the blood supply by the process of embolia; just as the sudden diminution in the supply of blood to the brain, by ligation of the carotid artery, is not unfrequently followed by convulsions.

I cannot conclude this brief sketch of the process of secondary suppuration, without referring to the theory of a "pyogenic diathesis," so ingeniously and ably advocated by Dr. PACKARD, in a paper published by him. I cannot give my assent to this theory, for the simple reason that I do not see its necessity. The occurrence of secondary abscesses, after injuries or surgical diseases, can, I think, in all cases be satisfactorily accounted for on established mechanical and physiological principles, while I look upon the suppuration following typhoid and other fevers as simply symptoms of those diseases, which may not indeed be present in every case, but which are just as much a part of the several affections in which they occur, as are their characteristic eruptions, or any other pathological lesions, which we take for granted, without assuming any special diathesis to account for them.

I have not complicated this paper with any allusions to the conditions denominated by VIANOW, *ichorrhæmia* or *septhæmia*, which are en-

tirely distinct from the pathological state which gives rise to the secondary or metastatic abscesses that have been considered.

#### Removal of Foreign Bodies from the Ear.

The *British Med. Journal*, quoting from the *Bulletin Gen. de Therap.*, says that M. GUERSANT makes the following remarks on this subject:

If we except the concretions of cerumen that are principally met with in the aged, and rarely amongst children, it must be said that foreign bodies in the external auditory canal are more often observed in youth than at more advanced ages.

The bodies thus met with are very diverse—hardened cerumen, pebbles, stones extracted from rings, or ear rings, pearls, peas, shells, beans, fragments of glass-tubes, balls of paper, seeds, etc. Insects have been mentioned, but we have not on any occasion met with them.

All these foreign bodies, when they remain in the auditory canal—principally those which swell up—may occasion severe accidents, such as inflammation, suppuration, buzzing, cerebral symptoms, meningitis. Hence it is important to relieve, as soon as possible, children who have in their ears a pea or a seed, which may swell up on becoming moist. The surgeon ought, before all, to ascertain with accuracy that a foreign body exists, because very dangerous attempts have often been made in cases where no such body has been present. If, after the patient has been placed in a proper position, and the light has been directed into the canal, the foreign body is recognized, the surgeon ought to act differently, according to the case.

1. The foreign body may be a fluid, such as water in swimmers, or oil. In these cases, a single shake given to the head has sufficed to make the fluid run out.

2. Sometimes there is hardened cerumen. A simple ear-pick, previously dipped in oil, will allow this concretion to be expelled. It may be necessary first to soften the cerumen by several injections of lukewarm water, or of oil or glycerine.

3. Peas, beans, seeds, or balls of paper, swell and soften. They may be caught and hooked out sometimes easily enough, either with small forceps, or with a small short hook.

4. Hard bodies, as pebbles, shells, hard seeds, can be removed in several manners. As was very anciently advised, and as has been done by MANNIERS, injections may be employed. We have, says M. GUERSANT, very often used these means, and for all sorts of foreign bodies. It is necessary, however, to act in a certain manner, with much perseverance; and the relations ought to be shown how to practise these injections, because it is often necessary to repeat them several days following, before success is obtained. In order to apply injections, it is well to procure an EGISSE's irrigator, fitted with a straight tube, and filled with cold, or better with luke-warm water. [The ordinary syringe of MATTSON, consisting of a tube with compressible ball in the centre, has long been used by us, and has no supererogatory for the purpose.—ED. MED. REPORTER.] The child should be wrapped in a cloth, folded several times

double, so that the arms are thus kept wrapped up. The cloth ought to surround the neck of the child, in order to avoid wetting it. The head should also be held in a somewhat inclined position, and a basin should be placed under to receive the water. The surgeon should direct the pipe of the irrigator into the auditory canal, propelling the jet of water very slowly at first, so that it may pass between the foreign body and the walls of the canal, strike on the membrane of the tympanum, and in its return drive out the foreign body, which will sometimes escape after the first injection. It is important that the surgeon, at the time of performing the irrigation, should draw the lobe of the ear alternately upward, downward, forward, and backward, in order to modify the direction of the jet. The operation should be repeated several days following, if no results follow the first injection; and the relatives should be instructed how to make the injections. M. GUERSANT has seen cases in which the foreign body has only been removed after persevering for eight or ten days.

When this means is not attended by success, the instruments which appear most likely to succeed are simple small forceps, which are always useful in cases of soft bodies, paper, lint, etc.; or better, the ordinary scoop, or LEROY D'ETIOILLES' small scoop. In many cases the instrument should be guided principally along the lower side of the canal. As the introduction of scoops is always more painful than the use of injections, and gives rise to more struggling on the part of children. M. GUERSANT observes that, when it is necessary to use this means, we should not hesitate to employ chloroform. When the child happens to be manageable, besides the inclined position of the head, M. DEBOUT has recommended the mouth of the patient to be opened. It is sufficient to introduce the end of the little finger into the external auditory canal, and to make the lower jaw move, in order to become convinced of the enlargement undergone by the canal, each time the condyle of the jaw leaves the articular surface. This attitude facilitates the employment of all the preceding operations; but that which it aids most is the employment of injections.

#### Treatment of Diphtheria with Ice.

Mr. J. DUGGAN states, in the *Dublin Medical Press*, that he has successfully employed ice in the case of a man affected with diphtheria. He ordered the patient to be constantly swallowing small particles of ice, and also to keep continually sucking and melting icicles in his mouth until he should see him again on the following day—advising him to carry out his directions most assiduously. On visiting him the evening of the next day, "I was agreeably surprised," he says, "to find him much improved, the tensile swelling of the throat to a great extent subsided, and the inflammation of the internal fauces and the tumefaction of the velum pendulum palati (to which was attached the peculiar adventitious membrane) greatly reduced. I impressed upon him to continue using the ice as usual. As he complained of being weak, I gave him a mixture of infusion of bark and tincture of snakeroot, to take two tablespoonfuls three times a day, and to have an

abundance of fresh milk and beaten eggs for food. He pursued this course of treatment for a few days, and to my gratification, ultimately recovered from this dangerous disease.

"Although this is essentially a blood disease, yet the application of cold to the internal parts of the throat will be found of much benefit, and a source of great comfort to the sufferer. Of course it will be necessary to prescribe tonics and nutritious food to support the weakened system, and mild alteratives to improve depraved secretions. This mode of treatment—viz., by the constant swallowing of ice—may not be novel, for aught I know; but I have never met it in books. To the practitioner where ice can be got at any moment, I would advise a trial in this and other kindred diseases of the throat, as it has the advantage of being harmless and simple in its action."

#### On the Use of the Sulphite of Soda in the Treatment of Erysipelas,

Dr. ADDINELL HEWSON stated, says the *Amer. Journal Med. Science*, at a recent meeting of the College of Physicians, that he had been using the solution of sulphite of soda as a local application in erysipelas, since February, 1864, and had obtained results from it, in the various forms of that disease, which were to him both interesting and surprising. He had been induced to try it from the representations made by Professor POLLI, of its influence in destroying all disease of a cryptogamic or animalcular origin—a source to which recent researches would lead us to suppose erysipelas was due. At first he administered it internally, in doses of ten grains every two hours, as well as applied it locally; but the effects of the local use were so prompt and decided, that he has now abandoned its internal use altogether as unnecessary.

In extensive trials of this remedy, both in hospital and private practice, he has never seen it fail, when thoroughly applied before the deep planes of cellular tissue had been invaded by the disease. Under the latter circumstance, no positive curative results were of course to be expected from its mere external use. But before such parts had become affected, a solution of ten grains of this salt to the ounce of water, when thoroughly applied on lint all over the surface affected, and to a considerable distance beyond it, and covered with oiled silk to prevent the evaporation of the solution, had not only produced a decided bleaching effect on the discolored surface, in every instance in the first twenty-four hours of its use, but had invariably destroyed all traces of the disease in forty-eight hours from its first application. The result was the same, whether the application was made in the traumatic or idiopathic form of the disease. He had thus cured twenty-seven cases, seven of which were of idiopathic erysipelas. Even in the cases where the deep planes of cellular tissue were involved, as well as the surface, the disease on the surface was always apparently affected by the application. It was most positively bleached in all instances, and in many was evidently destroyed within the period above stated, even whilst that in the deeper parts proceeded on steadily to suppuration.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, AUGUST 12, 1865.

## PEDESTRIANISM.

We hope that one of the natural results of the great war will be that people, influenced by the habits acquired by a million of returned soldiers and the example set by them, will promote their own comfort and health by resorting more to pedestrianism and out-door exercise. Especially is this true of all our populous cities, East and West, where the convenience of street-cars and omnibusses has almost entirely abolished the most healthful exercise which the biped man can resort to.

Indeed, how rarely do we find, now-a-days, the sturdy old gentleman, with his cane, his flowing locks, his elastic step and youthful complexion, who would walk his six or eight miles a day regularly, on business or pleasure. His place is taken up by prematurely old men, with wrinkled faces and bilious look, whom one sees occasionally run a few yards to catch a departing train or steamboat, but who have never learned to look upon their legs as affording one of the principal means of obtaining both pleasure and health.

We were forcibly struck with the necessity of teaching people the great advantage of pedestrianism over any other kind of exercise by a late visit to the Central Park in New York, an institution, by the way, which is one of the most creditable achievements ever made by a municipality in so remarkably short a time. But with all its beauty, and exquisite advantages for foot-exercise and enjoyment, strange to say, the number of carriages in the Park, on the occasion alluded to, was almost as large as the number of pedestrians.

A little more walking and seeking the open air, among our city populations would, we venture to say, diminish considerably the quantity of opiates consumed by many, almost as a regular article of diet to procure rest, and procure easily what blue pills and seidlitz powders, anti-dyspeptic remedies, patent bitters, and nostrums of all kinds are vainly resorted to, to accomplish.

If our young men, instead of spending their summer and fall vacations and leisure days at crowded picnics, or elbowing their way through crowds at fashionable hotels at so-called watering places, spending their days in tiresome idleness, and their nights in the billiard or the ball-room, would pack their knapsack, and take a week's

tour through the country anywhere on foot, living on good plain country fare, they would soon find that while pedestrianism is the true and natural stimulant of a good appetite and healthy digestion, it is also much less expensive. Why do not the professors and teachers in our colleges and academies take the matter in hand and arrange pedestrian tours with their pupils, more or less extended, during vacations, combining both pleasure and instruction.

We are a great nation; great eaters, great drinkers, great smokers, great fighters; we have the fastest railroads, steamboats, and horses. But in one thing we come short—we do not walk half as much as we should.

## THE LATE DR. MCGUGIN, OF IOWA.

We regret to have to record the death of Dr. D. L. MCGUGIN, of Keokuk, Iowa, who died in that city about the 22d of June. We are not apprised as to what caused his death, which must have been sudden, as it is not long since we have had communications from him.

Dr. MCGUGIN was, at one time, we believe, connected with the regular army. He afterwards settled in Keokuk, where he took a prominent position in all that concerned the advancement of the medical profession. He was a Professor in the Medical Department of the University of Iowa, located at Keokuk. When the rebellion broke out he offered his services to the Government, and took a prominent part in organizing the medical volunteer staff and hospitals in the west. While thus engaged he contracted disease which compelled him to retire again to Keokuk. The probability is that the disease contracted at this time had some connection with his death.

In another column we publish a series of resolutions passed by the profession of Keokuk, which evince the respect with which he was regarded by his professional brethren. The death of such a man as Dr. MCGUGIN is a national loss.

## ADVERTISING QUACK MEDICINES.

The following article upon nostrum advertising we find in the *Paterson (N. J.) Press*, perhaps the sprightliest daily paper of that State. We commend its logic especially to the so-called religious papers, which, "for gain," publish advertisements knowing them to have fraud and immorality for a basis.

It is an outrage upon the Christian community, that too many of the journals, published professedly in the interest of religion, allow their columns to be polluted with advertisements which



the Editor's daughters could not with propriety read. Let them then read and digest the following:

**NOSTRUMS.** We have so frequently made known through the columns of *The Press* and by letters to parties sending them, our inflexible purpose not to disgrace our columns with a class of shameless advertisements which the New York papers, as well as most of the country papers, publish without hesitation, that we should fairly expect to be seldom bored with refusing them. This is not the case however. There is scarcely a day that we are not put to the trouble of returning advertisements of sundry quack nostrums, often accompanied by the money, and generally promised to be liberally paid for. During the last week, we have returned to New York advertisements worth over fifty dollars, part of them paid in advance. We wish we could make it understood that, while we are grateful for the favors of the advertising public, and refuse no reputable advertisement, there is a class of vile swindlers whose wicked traffic we will not permit our columns to aid at any price. This is not the usual rule among newspapers, whose publishers generally ask no questions and indulge in no scruples, for the exchequer's sake. They are not responsible, they say, for an advertisement, and they do not feel at liberty to decline publishing any that is not in terms indecent, that is paid for at their established rates. Even so-called religious journals, go upon this principle. This is all bosh. It is the money they are after. Every one knows that the advertisements to which we allude are efficient agents of the most horrible wickedness, and, in many cases, accessories to the breach of plain statute law. No publisher has a moral right to sell the use of his columns to such purposes, and he ought not to have a legal right. Even if we lost money by our course, we should not hesitate to pursue it, for our motto is, "Do right, if the heavens fall." But we don't lose by it. Even the advertising agents who send them, reason thus; the paper which thus keeps its columns pure, is likely to be read by the best class of people, and therefore, when we have a first-class advertisement, wanting to reach the best classes in the community, that is the paper to send it to—and they "make a note on't." They also know that a newspaper which refuses these quack advertisements, is in a sound and flourishing condition, for those papers which are on their last legs, they know very well can't afford to keep a conscience, and will publish anything they send, and at any price.

In this connection we would call attention to the following commendable action of the Fox River (Illinois) Valley Medical Association:

The committee on resolutions reported as follows:

Whereas, The admission by the public press of advertisements of an immoral character, inviting the commission of crime by producing abortion and preventing pregnancy, for a consideration, in the shape of pills, potions, drops, etc., is terribly demoralizing and destructive of

health and life, we therefore hail with pleasure the promise of the *Chicago Republican*, that they will not admit advertisements of that character into their paper; therefore,

*Resolved*, That the moral integrity and noble stand of its proprietors in excluding this class of advertisements from its columns, merits our highest approbation, and we hereby pledge ourselves to take and recommend only such papers as best conform with the principles of morality on this subject, believing that we, as guardians of the public health and conservators of public morals, cannot too strongly reprobate the publication in religious papers of advertisements, (for money,) the object of which is clearly the prevention of pregnancy or the commission of child murder, to commit crime, pander to lust, and that too frequently at the expense of the lives of the mothers, as well as their offspring.

*Resolved*, That the wide-spread influence of a certain looseness of sentiment on this subject should be matter of great alarm to the philanthropic physician, as well as the parent, and that every public print that will pander to this species of crime, is wickedly suicidal of the best interests of our race, and unworthy to be received into family circles or the patronage of honest men.

*Resolved*, That we deem those druggists who advertise and sell such preparations as *particeps criminis*: we hereby earnestly recommend them to discard them from their stocks, and refuse to furnish them.

The report was accepted and adopted, and the Secretary instructed to publish the resolutions.

## Notes and Comments.

### Cure of Hydrophobia by the Vapor Bath.

Referring to an article in a recent number of the *REPORTER*, in which Dr. BUISSON, of Paris, claims to have cured hydrophobia by the use of the hot vapor bath, a correspondent in Illinois asks—"May not the poisons of small-pox, of measles, or of syphilis be eradicated in the same way?" Perhaps so—try it. Put the next patient you have, particularly if it is yourself, (*a la Buisson*), who has been exposed to any of the diseases named, through a Turkish vapor bath—note the effect, and report it. It may be found that there is good in the suggestion, not only for hydrophobia, but for other diseases that originate from external poisons. Our object in reporting new methods of treating diseases is not to endorse them, but to stimulate investigation.

### Antiquity of Man.

Sir WILLIAM DENISON, who has been successively Governor of Van Diemen's Land, New South Wales, and Madras, Colonel of Engineers, has published a brochure entitled, "Man not so Old as Supposed."

**Temperance.**

At a Temperance Convention recently held at Saratoga Springs, Drs. A. B. PALMER, N. S. DAVIS, and WORTHINGTON HOOKER, were appointed a committee for the objects set forth in the following resolutions. We commend the subject to the attention of our readers. Anything that our profession can do toward staying the tide of drunkenness, the bane of our land, and opposed to the spirit of our free institutions, should be done with zeal and earnestness.

*Resolved*, That in view of the recent developments of scientific investigation in Europe and in this country, the published opinions of medical men on both continents, and especially in view of the evil effects which are often known to follow the use of alcoholic medicines, this Convention respectfully but earnestly request all engaged in this honored and influential profession to substitute other articles in the place of alcohol, so far as in their judgment it can be wisely done.

*Resolved*, That Profs. A. B. PALMER, N. S. DAVIS, and WORTHINGTON HOOKER, be a committee to convey our request to the men of their profession, and use such other means as they may deem wise and best to secure the co-operation of all medical men in the great cause we seek to advance.

**Correspondence.****DOMESTIC.****Extract of Logwood in Traumatic Gangrene.**

EDITOR MED. AND SURGICAL REPORTER:

Allow me, through your journal, to call the attention of the profession to the use of ext. of hæmatoxylon—common logwood—in traumatic gangrene.

I have been in the habit of using this article for inflamed and painful ulcers attended or not by sloughing, for several years, and have never met with an instance in which the pain was not immediately alleviated, and a healthy healing surface established in the course of a few days. During the rebellion, I have used it many times for traumatic gangrene, and invariably with very gratifying results. I have used it side by side with the much esteemed preparations of bromine, and have always found it much the most reliable article. Indeed, I have seen bromine used week after week, in cases of traumatic gangrene, and the gangrene still continue to spread. On the contrary, logwood has invariably and at once arrested the spreading of the gangrene, and in from ten to fifteen days the slough has been cleaned out.

I have often used logwood for painful ulcers following frost-bites, with the happiest results.

I have long contemplated writing, but have procrastinated, hoping some other person would relieve me of the duty, by doing it much better than I can. But as I have just had the first opportunity to test its powers in hospital gangrene, and have found it in this instance quite as serviceable in arresting the sloughing process, I am compelled to set it before the profession.

I use the extract in powder, sprinkling it thickly over the gangrenous surface, using care to raise the overhanging edges of the ulcer, so that the entire surface will get a covering, over which is placed a poultice, sufficiently large to extend at least two inches over the inflamed edges. The dressing should be renewed every twelve hours—simply by removing the poultice and dashing on some clean water from a sponge, then dusting the surface again with the extract, and re-applying a freshly made poultice.

Very truly yours,

A. T. WOODWARD.

Brandon, Vt., Aug. 4, 1865.

**News and Miscellany.****American Dental Association.**

The fifth annual meeting of the American Dental Association, a representative body, composed of delegates from State, county, and local dental societies and dental colleges in various parts of the Union, was in session for four days during the last week of July in Chicago, Illinois. One hundred and forty delegates were present from Massachusetts, Vermont, Rhode Island, Connecticut, New York, Pennsylvania, Ohio, Michigan, Illinois, Wisconsin, Iowa, Missouri, Kentucky, Tennessee, and Georgia.

The Association assembled on Tuesday, July 25th, 1865, and was called to order at ten o'clock, by the President, Dr. J. H. McQUILLEN, of Philadelphia. An address of welcome, by Dr. W. W. ALLPORT, chairman of the committee of arrangements, was delivered, and briefly responded to by the President. After the organization of the society the following gentlemen were elected officers for the ensuing year: President, Dr. C. W. SPALDING, of St. Louis; First Vice-President, Dr. C. H. Cushing, of Chicago; Second Vice-President, Dr. James McManus, of Hartford, Conn.; Corresponding Secretary, Dr. L. D. Shepherd, of Salem, Mass.; Recording Secretary, Dr. J. Taft, of Cincinnati, Ohio; Treasurer, Dr. J. J. Weatherbee, of Boston, Mass.

Dr. SPALDING, on taking the chair, delivered a brief address, thanking the members for the honor done him, and then called on the retiring President, who delivered a farewell address, embracing a concise but complete history of the formation and progress of the American Dental Association, in accordance with a resolution of the preceding meeting.

The reports of the various standing committees

on the science and art of the profession were, in addition to a number of volunteer essays, made the subject of discussion, eliciting thereby not only a great deal of interest, but proving also highly instructive to the members present. Drs. Fitch, Spalding, Atkinson, Chase, Buckingham, Ellis, Hill, Perkins, Taft, Watt, McQuillen, Shepherd, Clark, McManus, Morgan, Forbes, and others, participated in this.

At the request of the Association, several lectures were delivered before the body. The first of these was by Dr. DANIEL BRAINARD, Professor of Surgery in Rush Medical College, Chicago, upon the "Special Branches of Medical, Surgical, and Dental Studies." The lecturer, in an eloquent and attractive manner, sketched the rise and progress of dentistry as a specialty, from the time when it was considered a mere mechanical art, to the present time, when it has developed itself into a most important special branch of the medical profession. This rapid progress he considered in a high degree due to the fact of its having been studied as a specialty; men having devoted their entire time and attention to its pursuit. This special study the lecturer considered to be of great importance, and worthy of consideration and adaptation in other branches of medical science. He considered the path of progress in medical science to be, by the way of special study; by this he did not mean to advise the separation of the various branches, or to suggest that they should be distinct one from the other. He believed that dentistry should not be separated from the medical profession, and hoped to see the day when there should be a chair for diseases of the dental organs in every respectable medical college of the land. In conclusion, Dr. BRAINARD, on behalf of the medical profession, heartily welcomed the delegates to Chicago.

A lecture was also delivered by Dr. HILDETH, on "Diseases of the Eye." Two lectures were delivered by Dr. McQUILLEN, one on the "Anatomy and Physiology of Vision," and the other on "The Circulation of the Blood," special application being made in each to the practice of dentistry.

During the session of the Association, a number of entertainments were given in the evenings to the delegates, by Dr. W. W. Allport, Prof. Miller, and Prof. N. S. Davis, late President of the American Medical Association. At the residence of the latter, to the following sentiment by Dr. SPALDING: "Medicine, Surgery, and Dentistry, practical departments of a common science, whose disciples should constitute a common brotherhood." Prof. DAVIS responded in an able and eloquent address, setting forth the importance and necessity, to special as well as general practitioners, of possessing a thorough and complete knowledge of medicine; whilst favoring special lines of practice, he advocated the maintenance, by constant study of a thorough knowledge of the entire range of medical science.

The meeting was truly a national gathering, bringing together practitioners from all sections of the country. The deliberations were characterized by the utmost harmony and good feeling, and they were of such a character as to exercise

a powerful influence in advancing the interest of the dental profession.

The interest manifested by the leading medical practitioners of Chicago, many of whom were present during the session, as well as the kindness and courtesy received at their hands, marks a new era in the relation which dentistry is to bear in the future to the parent science of medicine.

The next annual meeting of the Association is to be held in Boston, Mass., on the last Tuesday of July, 1866.

#### Chemical Production of Diamonds.

It is well known that the artificial crystallization of carbon into diamond has been the *ne plus ultra* of scientific research. The very simplicity of the problem gives a kind of fascination to the attempts at its solution. The production of elementary substances in the crystalline state is not by any means difficult; a few bodies, indeed, carbon amongst the number, have long resisted chemical persuasion, but these have gradually yielded themselves to crystalline influences, until carbon now stands alone.

Silicon and boron, the two elementary brethren of carbon, are amongst the latest triumphs in this respect, and the exact similarity in physical properties which is observable between the artificial boron and silicon diamonds and the natural carbon diamond is very encouraging to those who are engaged in these experiments, and has led to increased investigation. Mr. JOYCE, an English chemist, announced some time ago that he had obtained carbon in the crystalline form, by the action of electricity upon certain compounds of carbonic acid and hydrogen. M. CAIGNARD, de la Tour, also announced that he had obtained coarse crystals of diamond by fusion—and M. DREPRETZ, that he had arrived at a similar result, by the action of electricity upon certain compounds of carbon, a process peculiar to himself.

But by far the most important result is that attained by M. ROSSI, a French chemist. The experiment consisted in the action of phosphorus, water, and bisulphide of carbon upon each other for several months. Crystals were thus obtained which were found to have all the properties of the diamond. They were so hard that no metal would act upon them, and they even scratched steel; they were perfectly transparent, had extraordinary brilliancy, and some of them had crystallized in "dodecahedra," the crystalline form which is characteristic of the diamond.

#### Deaths from Lightning.

M. BOUDIN has presented a report to the Academy of Sciences on accidents by lightning. It appears that there were 2,238 persons killed instantaneously by lightning in France between 1835 and 1863. The report remarks that when lightning falls on groups of persons of the two sexes, it strikes especially the men, sparing more or less the women. M. BOUDIN adds that there are several examples of beech trees having been destroyed by lightning, and that consequently the statement made at the last scientific meeting at Manchester relative to the exemption from injury



enjoyed by that tree is not correct. Of 34 persons killed by lightning in the open fields during the year 1853, 15 were struck while taking shelter under trees, and of 107 persons killed by lightning between 1841 and 1853, 21 are reported to have been killed under trees.—*Brit. Med. Jour.*

#### Memorial to Dr. Jenner.

The *Gloucestershire Chronicle* mentions that the memorial to Dr. JENNER is now being placed in the south-west window of the Cathedral, and it is expected that the fixing of the glass will be completed this (Saturday) evening. The general subject refers to the acts of healing by our Lord in the course of his ministry. In the glass fixed the subjects depicted are: Healing the man in the tombs, raising the widow's son, healing the issue of blood, the cure of the lepers, the raising of Lazarus, and the cure of the deaf. Three subjects are painted in each light. In the tracery are figures of angels, with crowns, and scrolls with "Alleluia." Much of the window is now obscured by the scaffolding, but, as far as we can judge, the glass appears to be fine, and the drawing good. The stonework is of the latter part of the thirteenth century, and the new glass is as nearly in the style of that period as Messrs. CLAYTON and BELL can produce it. The glass appears to be remarkable for the variety of its tints and the richness of its whites, and promises to be among the best in the Cathedral. The Dean and Chapter have contributed £100 toward the cost; the remainder is provided by subscription, chiefly by the Gloucestershire Medical Society, and Dr. EVANS is a most liberal contributor.

#### Cure for Cholera.

A St. Petersburg doctor possesses an infallible cure for cholera! He has long been awaiting an occasion for exhibiting its efficacy; and he now finds it in the outbreak at Alexandria. In the cause of humanity, he applied to the French embassy at St. Petersburg; but there could get no satisfactory response. At the English embassy, however, says the *Brit. Med. Jour.*, he was more successful. Mr. LUMLEY transmits his promise of cure to Lord RUSSELL at head-quarters; and Lord RUSSELL sends it on to the College of Physicians. Dr. PONOWSKI has a curious theory of cholera; but to this we need not allude. His cure consists in the administration of a powerful snuff. If the patient's Schneiderian membrane respond, and eight or ten sneezes can be got out of him, he is safe and saved; but if the snuff (which is powdered hellebore) produce no effect, the patient must die. No sneeze, no cure. It is this remedy which the philanthropic doctor earnestly hopes Lord RUSSELL will send on at once to Alexandria, and of which Lord RUSSELL transmits notice to the College. We recommend the notion to some of our Yankee cousins, who have already done a great business in hellebore and veratria.

#### A Remarkable Tree.

In the Jardin d'Acclimation at Algiers, is a tree brought within a few years from Australia, the *Eucalyptus Resinifera*, which has attained a height of thirty feet and a diameter of six inches in two years. This remarkable tree, in its native soil—Australia—sometimes reaches the height of three hundred and forty feet, and has been found more than nineteen feet in diameter at about a yard from the ground. It often yields planks two hundred feet long, without a single defect. The wood, notwithstanding its rapid growth, is hard, and heavier than oak. It also presents beautiful colors, and is consequently well adapted for cabinet work. An astringent gum, known in commerce as *kino*, is obtained by making incisions into its bark. The eucalyptus is an evergreen; its leaves have nearly the same shape as the laurel. The development of its lateral branches are no less wonderful than its stems. They are small until the trunk attains the height of about one hundred feet, when they shoot out almost horizontally, sometimes to the length of ninety feet, giving the tree the appearance of an enormous umbrella. The seed, strange to say, is very small, and not unlike that of the tobacco plant. The flowers are white, of a most agreeable smell, and much liked by bees, which extract from them a most delicious honey. It is also remarked in Australia, that the *ague* is almost unknown in districts where this tree is abundant.

#### New Electric Battery.

M. DU CHEMIN, who, in a preceding communication to the Academy of Sciences of Paris, had announced that he had succeeded in replacing nitric acid in the BUNSEN battery by perchloride of iron, and the sulphuric acid by the chloride of sodium, writes to announce that by substituting for the latter salt the impure chloride of potassium of commerce, he has succeeded in increasing the motive and electric force, and that in this way the electric light may easily be obtained.

#### Pension Examining Surgeons.

The following appointments were made recently of examining surgeons for pensions: J. R. BROWN, of Winchester, Ind.; Otis AYER, of Le Sueur, Mich.; Matthias GILL, of Marshall, Mich.; and James W. ANAWALT of Greensburg, Pa.

#### Institute of France.

The Institute of France, on the recommendation of the Academy of Sciences, has given its biennial prize of 20,000 *francs* (instituted by the Emperor) to M. WURTZ, Professor of Chemistry.

The signers of the homoeopathic petition which was lately rejected by the French Senate, have had an audience of M. DURNY, who has, it is said, promised to use his influence with the Emperor to obtain permission for them to found an hospital of their own in Paris.

### The Russian Plague.

A committee of the Boston Board of Health have made a report to the board with regard to the Russian plague. They are satisfied, upon good authority, that the accounts of the extent and malignancy of the disease are highly colored and exaggerated, and think that if this is not true the disease is not a proper subject for the restrictions of quarantine, as such a disease has never prevailed hereabouts, and as the conditions under which it prevails elsewhere do not exist. It is believed to be an aggravated form of typhus fever.

Dr. CHARLES M. WINDSHIP, father of Dr. Geo. B. WINDSHIP, the man of muscle, died of diphtheria, recently, at his residence in Roxbury, Mass.

### MARRIED.

EDDY—WILLIS.—August 1, 1865, at "Idlewild," on the Hudson, the residence of N. P. Willis, Esq., editor of the *Home Journal*, Dr. William Eddy, of New Bedford, Mass., and Miss Imogene, eldest daughter of Mr. Willis.

GOODWILLIE—MCGAY.—In New York, on Thursday, August 3, by the Rev. Thomas Goodwillie, assisted by the Rev. J. D. Wells, D. D., Dr. D. H. Goodwillie, son of the officiating clergyman, and Miss Annie E. McGay, daughter of James McGay, Esq., both of New York City.

HUGHES—TORRENCE.—By Rev. N. D. Porter, July 23d, in the Cumberland Presbyterian church of Punxsutawney, Jefferson co., Pa., Dr. J. W. Hughes, Surgeon of the Fifth Pa. Cav., and Miss Annie M., daughter of Hon. J. Torrence, of the above-named place.

MAGIN—O'LEARY.—On Saturday, July 29, at St. James' church, New York, by the Rev. Mr. O'Callaghan, Thomas Moore Magin, M. D., and Helena, second daughter of the late John O'Leary, Esq., of Dromina, Charleville, county Cork, Ireland.

MAHON—CLOAK.—On the 1st inst., at St. Peter's church, Smyrna, Del., by the Rev. Dr. Joshua Morrell, Dr. Charles L. Mahon and Emily F., daughter of John Cloak, Esq.

### DIED.

DRAKE.—On Wednesday, July 26, at Westfield, N. J., of cholera infantum and dentition, Marion, infant daughter of Dr. William F. and E. R. Drake, aged 1 year, 1 month, and 16 days.

### OBITUARY.

Prof. D. L. McGugin, M. D.

At a meeting of the profession of Keokuk, Iowa, the following resolutions were passed:

Whereas, In the wisdom of Divine Providence, our professional brother, Professor D. L. McGugin, has been taken from our midst to the "home of his fathers," therefore, as a last tribute to his departed worth as a citizen and member of our profession, and expressive of the sense of the members thereof in this city, it is hereby,

Resolved, That in his loss, which we deeply feel, we have been deprived of our association with one who ever sought the highest standard of scientific attainment, and who has felt that the chief aim of his life, next to his religion, was to advance the interest

of the profession he so signally adorned for a period of more than a third of a century.

Resolved, That as a patriot, he having twice entered the service of the Government, when struggling with foreign and domestic foes, he was truly loyal in the highest degree, and set a glorious example by his personal sacrifices, his earnestness, and zeal, that the present and future members of our fraternity may well emulate.

Resolved, That as a friend and member of this Society, we have ever found our deceased brother faithful, just, and kind-hearted; liberal in his treatment and in his opinions of others, and never actuated by narrow, jealous, or unkind sentiments.

Resolved, That we tender our heartfelt sympathies to the family and relatives of the deceased, and more particularly to her who has shared with him the struggles, anxieties, aspirations, and honors of an eventful life, do we offer our sincere condolence.

### ANSWERS TO CORRESPONDENTS.

Dr. J. R. G., Wapella, Illinois.—Bird on Urinary Deposits, sent by mail, August 4th.

Dr. G. A. R., Panama, South America.—Stille's Therapeutics, Fuller on Rheumatism, What to observe at the bedside, etc., sent by express, August 5th.

Dr. A. H. H., St. Clairsville, Ohio.—Bowman's Chemistry, sent by mail, August 4th.

Dr. J. F. J., Perryville, Ohio.—Erichsen's Surgery, sent by mail, August 4th.

Dr. A. G., Dayton, Ohio.—Bumstead on Venereal, sent by mail, August 4th.

Dr. C. C. P., Harrington, Pa.—Tanner on Diseases of Children, sent by mail, August 4th.

Dr. W. L. R., Cerro Gordo, Illinois.—Lallemand on Spermatorrhoea, sent by mail, August 4th.

Dr. E. T. B., Stephensburg, N. J.—Da Costa's Medical Diagnosis, and Sulph. Cadmium, sent by mail, August 4th.

Dr. F. L. K., Canada West.—Wilson on the Skin, sent by mail, August 4th.

### METEOROLOGY.

July	31.	A. 1.	2.	3.	4.	5.	6.
Wind.....	E.	S. E.	S. W.	S. E.	S. W.	S.	S. W.
Clear.	Clear.	Cl'dy.	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy.
Weather.....							
Depth Rain.....							
Thermometer.							
Minimum.....	66°	66°	66°	68°	71°	73°	70°
At 8 A. M.....	72	70	75	82	86	77	78
At 12 M.....	81	77	83	86	87	85	85
At 3 P. M.....	82	78	86	87	88	86	81
Mean.....	75.	72.50	77.25	80.75	83.	80.25	78.50
Barometer.							
At 12 M.....	30.4	30.4	30.4	30.3	30.2	30.2	30.
Germantown, Pa.				B. J. LEEDOM.			

### AMERICAN MEDICAL ASSOCIATION.

Members desiring copies of the TRANSACTIONS for 1865, must forward their subscriptions (\$3) immediately, as the number of copies published will be but slightly in excess of the number of subscriptions.

WM. B. ATKINSON,

Permanent Secretary,

215 Spruce street, Philadelphia.

Aug. 12, 1865.